Electrical Code Update Course Application/Approval

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Electrical Division
P.O. Box 30254
Lansing, MI 48909
Telephone: 517-241-9320

www.michigan.gov/bcc

| Authority: 1956 PA 217 Completion: Mandatory Penalty: Course will not be approved | The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. | | | | |
|---|--|-------------------------|--------------------------------------|----------|--|
| OFFICE USE ONLY | | | | | |
| COURSE APPROVAL NUMBER | PERIOD OF APPROVAL | | DATE OF APPROVAL | | |
| Instructions: A provider of a code update course must apply for approval by doing the following: | | | | | |
| Complete the lower half of this application. Type or print in ink. Note signature requirements. Attach to the application: A copy of the teaching outline for the program. A description of the criteria used to identify program participants who successfully complete the course. The number of contact hours required to complete the course. A course for master and journeyman electricians and fire alarm specialty technicians shall consist of not less than 15 hours of instructions; a course for sign specialists shall consist of not less than 8 hours of instruction. For an internet or correspondence course you must submit a copy of the test showing a minimum of 30 questions. Mail completed application and required attachments to the address shown above. | | | | | |
| Course Information TYPE OF COURSE PROVIDED | | NUMBER OF CONTACT HOURS | | | |
| ☐ Classes / Seminar ☐ Correspo | ndence Internet | | | | |
| Applicant Information APPLICANT NAME / CONTACT PERSON | | | TELEPHONE NUMBER (Include Area Code) | | |
| ADDRESS | | | | | |
| CITY | YTNU | STATE | | ZIP CODE | |
| Applicant Certification and Signature I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of course approval, if issued. | | | | | |
| APPLICANT'S SIGNATURE | | DATE | | | |
| Instructor Information and Signature | | | | | |
| INSTRUCTOR NAME | INSTRUCTOR'S SIGNATURE | LICENSE NUMBER | | | |
| QUALIFICATIONS (IF NOT LICENSED AS A MASTER OR JOUI | RNEYMAN ELECTRICIAN) Attach appropriate docume | ntation | | | |